
Program Memorandum Intermediaries

Department of Health and
Human Services (DHHS)
HEALTH CARE FINANCING
ADMINISTRATION (HCFA)

Transmittal A-01-37

Date: MARCH 16, 2001

CHANGE REQUEST 1614

SUBJECT: Change in the Standard Paper Remittance Advice (SPR) for Home Health Agencies

The Fiscal Intermediary Standard System (FISS) maintainer must modify reporting of home health agency (HHA) net reimbursements in the Provider Payment Recap section of SPRs. Currently, the amount reported in the net reimbursement field for Home Health (HH) Prospective Payment System (PPS) has been limited to the Part A subtotal, rather than the net of the Parts A and B payment subtotals. Intermediaries must always report the net payment due for HH Parts A and B bill types in the net reimbursement field. The same problem does not reportedly exist in Arkansas Part A Standard System (APASS) SPRs, but if it does, this modification must also be made by APASS.

If the sum of the Parts A and B subtotals for an HHA is a negative amount, the net reimbursement in the Provider Payment Recap section should also be negative. Net reimbursement represents the total of payments calculated for claims in that HH remittance, prior to application of provider level adjustments. This is the equivalent of the sum of all CLP05 amounts in an X12N 835. FISS will need to use two steps to achieve this change in reporting. **By the July 2001 release (exact date to be determined by mutual agreement with HCFA's Business Systems' Operations Group) FISS, and APASS if applicable,** must begin to report zero as the net reimbursement in a HH SPR when the actual net is zero or less. Although reporting zero, if the actual net is negative, an account receivable must still be established and subsequently recouped. **Effective with the October 2001 release, FISS and APASS if applicable,** must begin to report any actual negative net reimbursement amount that applies.

Common data fields in a HH SPR and an X12N 835 electronic remittance advice must adhere to X12N reporting rules. X12N rules prohibit reporting of a net provider payment of less than zero. Under X12N 835 rules, a positively signed "Balance Forward" adjustment amount must be reported to offset the negative reimbursement amount. This also transfers the account receivable to a subsequent remittance advice for deduction from the later payment. To alert users of a HH SPR to formation of an account receivable when net reimbursement is negative, a "Balance Forward" total must now be reported in the HH SPR Payments Recap section, when applicable. The HH SPR "Balance Forward" amount is mapped to 835 data element 3-010-PLB04 (or 06 or 08 or 10) when code BF is in the prior PLB data element. **The FISS and APASS (if applicable) maintainers must include this correction in their October 2001 release for HH SPRs.**

The remittance advice reporting information in this Program Memorandum (PM) modifies and supercedes the SPR instructions included in transmittals A-00-36, AB-00-65, and A-00-98 for HHAs. To improve reporting of payment amounts to HHAs, rather than simply report subtotals for Parts A and B as will continue to be the case in non-HHA SPRs issued by intermediaries, **beginning in October 2001, intermediaries are required to report separate subtotals by HHA bill type (32x, 33x and 34x) in HH SPRs.**

The attachment contains the 2001 version of the HH SPR. It includes a "Balance Forward" line in the Payment Recap section, as well as total fields for bill types 32x and 33x, which are covered by the Part A Trust Fund, in the same section of the HH SPR. The total field for bill type 34x, which is covered by the Part B Trust Fund, is in a separate section of the HH SPR. Standard systems may opt, however, to report bill types 32x, 33x, and 34x in three separate sections rather than two, if this

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will better accommodate their system design. The bill type 34x total must always be reported in a separate section. The FISS maintainer must upgrade the HH SPR format and report these bill type subtotals as part of the October 2001 system release. We understand that APASS already reports separate totals for these bill types.

Also, if not already done, both the FISS and APASS maintainers must **expand the REM column of the SPR from 4 to 5 spaces as part of their October 2001 release**. Although the field size was defined as AN 05 in the SPR-835 map, and some remark codes are 5 spaces in length, previous format examples included in prior SPR instructions showed "1234" rather than 5 characters in this column.

The HH SPR changes in this PM do not impact the SPR to 835 data element map issued in PM A-00-98, beyond adding the mapping information for the new "Balance Forward" line. Continue to follow that data element map to preserve continuity between common data reported in the SPR and X12N 835 transactions.

The *effective date* for this PM is March 16, 2001.

The *implementation date* for reporting of the net of the Parts A and B amounts as the net HHA reimbursement and completion of the financial reporting modifications, is by July 2001, at a date to be determined by mutual agreement.

The *implementation date* for reporting of the SPR bill type subtotals for HH payments, Balance Forward reporting, and REM column expansion, is by the October 2001 standard system release.

These instructions should be implemented within your current operating budget for HH PPS.

This PM may be discarded after October 1, 2002.

The contact person for this information is Kathy Simmons, (410) 786-6157.

Attachment

INTERMEDIARY NAME/ADDRESS/CITY/STATE/ZIP/PHONE NUMBER{private }

PROVIDER NUMBER/NAME		PART A	PAID DATE: MM/DD/CCYY				REMIT#: 1234567890		PAGE 1
PATIENT NAME	PATIENT CNTRL #	RC	REM	DRG#	DRG OUT AMT	COINS	PAT RFND	CONTRCT ADJ	
HIC #	ICN	RC	REM	OUTCD	CAPCD	COVD CHGS	ESRD NET ADJ	PER DIEM RTE	
FROM DT	THRU DT	NACHG	HICHG	TOB	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT	
CLM STATUS	COST	COVDY	NCOVDY	RC	REM	DRG AMT	DEDUCTIBLES	DENIED CHGS	NET REIMB
123456789012345678 1 1	12345678901234567890	123	12345	123	1234567.89	1234567.89	1234567.89	1234567.89	
1234567890123456789	12345678901234567890	123	12345	1 1	1234567.89	1234567.89	1234567.89	1234567.89	
12345678 12345678	12 1 123	123	12345	1234567.89	1234567.89	1234567.89	1234567.89	1234567.89	
12	1234 1234	123	12345	1234567.89	1234567.89	1234567.89	1234567.89	1234567.89	
SUBTOTAL FISCAL YEAR	MMCCYY				12345678.90	12345678.90	12345678.90	12345678.90	
					12345678.90	12345678.90	12345678.90	12345678.90	
	12345 12345 12345				12345678.90	12345678.90	12345678.90	12345678.90	
SUBTOTAL 32X					123456789.01	123456789.01	123456789.01	123456789.01	
					123456789.01	123456789.01	123456789.01	123456789.01	
					123456789.01	123456789.01	123456789.01	123456789.01	
	123456 123456 123456				123456789.01	123456789.01	123456789.01	123456789.01	
SUBTOTAL 33X					123456789.01	123456789.01	123456789.01	123456789.01	
					123456789.01	123456789.01	123456789.01	123456789.01	
	123456 123456 123456				123456789.01	123456789.01	123456789.01	123456789.01	

2001 version

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INTERMEDIARY NAME/ADDRESS/CITY/STATE/ZIP/PHONE NUMBER{private }

PROVIDER NUMBER/NAME		PART B	PAID DATE: MM/DD/CCYY				REMIT#: 1234567890		PAGE 2
PATIENT NAME	PATIENT CNTRL #	RC	REM	DRG#	DRG OUT AMT	COINS	PAT RFND	CONTRCT ADJ	
HIM #	ICN	RC	REM	OUTCD	CAPCD	COVD CHGS	ESRD NET ADJ	PER DIEM RTE	
FROM DT	THRU DT	NACHG	HICHG	TOB	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT	
CLM STATUS	COST	COVDY	NCOVDY	RC	REM	DRG AMT	DEDUCTIBLES	DENIED CHGS	NET REIMB
123456789012345678 1 1	12345678901234567890	123	12345	123	1234567.89	1234567.89	1234567.89	1234567.89	
1234567890123456789	12345678901234567890	123	12345	1 1	1234567.89	1234567.89	1234567.89	1234567.89	
12345678 12345678	12 1 123	123	12345	1234567.89	1234567.89	1234567.89	1234567.89	1234567.89	
12	1234 1234	123	12345	1234567.89	1234567.89	1234567.89	1234567.89	1234567.89	
SUBTOTAL FISCAL YEAR	MMCCYY				12345678.90	12345678.90	12345678.90	12345678.90	
					12345678.90	12345678.90	12345678.90	12345678.90	
	12345 12345 12345				12345678.90	12345678.90	12345678.90	12345678.90	
SUBTOTAL 34X					123456789.01	123456789.01	123456789.01	123456789.01	
					123456789.01	123456789.01	123456789.01	123456789.01	
					123456789.01	123456789.01	123456789.01	123456789.01	
	123456 123456 123456				123456789.01	123456789.01	123456789.01	123456789.01	

2001 version

INTERMEDIARY NAME/ADDRESS/CITY/STATE/ZIP/PHONE NUMBER

PROVIDER NUMBER/NAME	PAID DATE: MM/DD/CCYY	REMIT#: 1234567890	SUMMARY	PAGE 3	
CLAIM DATA:		PASS THRU AMOUNTS:			
DAYS:		CAPITAL:	123,456,789.01	PROVIDER PYMNT RECAP:	
COST :	1234567	RETURN ON EQUITY:	123,456,789.01	PAYMENTS:	
COVDY :	1234567	DIRECT MEDICAL EDUCATION:	123,456,789.01	DRG OUT AMT:	123,456,789.01
NCOVDY:	1234567	KIDNEY ACQUISITION:	123,456,789.01	INTEREST:	123,456,789.01
		BAD DEBT:	123,456,789.01	PROC CD AMT:	123,456,789.01
		NON-PHYSICIAN ANESTHETISTS:	123,456,789.01	NET REIMB:	123,456,789.01
CHARGES:		TOTAL PASS THRU:	123,456,789.01	TOTAL PASS THRU:	123,456,789.01
COVD :	12,345,678.90	HEMOPHILIA ADD ON:	123,456,789.01	PIP PAYMENTS:	123,456,789.01
NCOVD :	12,345,678.90	PIP PAYMENT:	123,456,789.01	SETTLMNT PYMTS:	123,456,789.01
DENIED :	12,345,678.90	SETTLEMENT PAYMENTS:	123,456,789.01	ACCLRATED PYMT:	123,456,789.01
		ACCELERATED PAYMENTS:	123,456,789.01	REFUNDS:	123,456,789.01
		REFUNDS:	123,456,789.01	PENALTY RELEASE:	123,456,789.01
PROF COMP:	12,345,678.90	PENALTY RELEASE:	123,456,789.01	TRANS OUTP PYMT:	123,456,789.01
MSP PAYMT:	12,345,678.90	TRANS OUTP PYMT:	123,456,789.01	HEMOPHILIA ADON:	123,456,789.01
DEDUCTIBLES:	12,345,678.90			BALANCE FWD:	123,456,789.01
COINSURANCE:	12,345,678.90	WITHHOLD FROM PAYMENTS:		WITHHOLD:	123,456,789.01
PAT REFUND:	12,345,678.90	CLAIM ACCOUNTS RECEIVABLE:	123,456,789.01	NET PROV PYMT:	123,456,789.01
INTEREST:	12,345,678.90	ACCELERATED PAYMENTS:	123,456,789.01	(PAYMENT MINUS WITHHOLD)	
CONTRACT ADJ:	12,345,678.90	PENALTY:	123,456,789.01	CHECK/EFT NUMBER:	1234567890
PROC CD AMOUNT:	12,345,678.90	SETTLEMENT:	123,456,789.01		
NET REIMB:	12,345,678.90	TOTAL WITHHOLD:	123,456,789.01		